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	nendment	Highest Number Previously Paid	Number Extra Claims Present		Rate						
Total Claims	26	- 40 =	0	х	50.00		0.00				
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Multiple Dependent (	Claims (ch	ck if applicab	le)								
Other fee (please spe	ecify):										
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:							0.00				
x Large Entity					Small Entity						
x No additional fee	is require	d for this ame	ndment.								
Please charge De				n the a	mount of \$						
A duplicate copy											
A check in the ar											
Payment by cred											
X The Director is he as described below						02-24	148				
x Credit any ov											
/ X CMarge any a	dditional fili	ng or application	on processing	fees re	quired under 37	CFR 1.16	and 1.17.				
H William	11 X				Dated: SE	EP 2	2008				
Gerald M. Murphy, Attorney Reg. No.:	25,977										
BIRCH, STEWART, 8110 Gatehouse Ro Suite 100 East		H & BIRCH, L	LP								
P.O. Box 747 Falls Church, Virgin (703) 205-8000	ia 22040-	0747									